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Marital Therapy/Couples Therapy: Indications and Contraindications

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Summary

The author, basing on literature and her own experiences in conducting marital/couples, presents the indications and contraindications for this form of therapy for both recipients of the therapy and therapists. Insufficient motivation to change relationships and behaviours, the threat of divorce, violence, deep emotional and/or psychological disturbances in one or both spouses, the engagement of one of the partners in a relationship outside of marriage are some of the contraindications to therapy, as referred to in the article. What is being elaborated on are also correct approach and characteristics of marital therapist as well as contraindications to conduct this form of therapy. The author proposes a scheme of work with marriage/couple in crisis: preliminary consultations as the basis for the therapeutic contract or relegating partners to other specialists.

marital /couples therapy / indications to the therapy

INTRODUCTORY REMARKS

Working with married couples/pairs in a severe crisis, which threatens the stability of their relationship, is a big challenge for therapists primarily for the reason that arguing partners, both at the same time experiencing a sense of injustice and grief, give the impression that they are not interested in undertaking any kind of intervention that could elicit actions bringing them relief and improving relations. A woman and a man experiencing a crisis in their relationship fear abandonment and undertake many desperate and unsuccessful attempts to save and improve the relationship on one hand, and on the other they tend to shift the blame for the crisis on the partner and at the same time expect that the therapist will help them by taking the role of an ally, solicitor, advocate or judge. To unravel the complex marriage games and to reach sources of conflict between partners is a burdensome task for the therapist, requiring sustained attention, concentration, keeping watch over the neutrality and making sure not to follow the therapeutic work in his/her own convictions regarding the role of women and men in a relationship.

Psychologists involved in marital/couples therapy probably would feel inclined to agree with the fact that this is one of the most difficult forms of therapy mainly because the risk of losing the distance and neutrality is higher than in other therapeutic situations and the countertransferential reaction on their behalf may appear. Frustrations caused by more often than not enormous difficulties in obtaining a positive change in the relationship of quarrelling partners induce the therapist to answer some fundamental questions:

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- Was the proposed treatment not too fast in reference to the vague, uncertain or low motivation to maintain the relationship and sing up for the therapy?
- Was the pace of change proposed by the therapist adjusted to the needs and capacities of the spouses/partners?
- Was the therapist not too passive or too imposing?
- Did not the therapist take too much responsibility for the relationship between the two undertaking therapy?

Before proposing to marriage/couple an involvement in the therapy, the therapist should know what to propose, which means to know the couples expectations, to determine the strength of their relationship, the risk of collapsing degree, the motivation to stay together and motivation to engage in conducting of positive changes. He/she should meet the needs of each partner, the possibility of their implementation as well as ability to fulfil expectations of a partner. Precise determination of the therapy aim adjusted to the couple's expectations, needs and emotional/intellectual capabilities of both partners are important factors for positive changes in therapy. Extremely important is also the division of responsibilities: the therapist is responsible for the conduct of therapy, the therapist together with both partners share responsibility for achieving goals, but the partners themselves take responsibility for their relationship, that is, whether to continue it or to end.

DEFINITION AND GOALS OF MARITAL/COUPLES THERAPY

Generally speaking the marriage/couples therapy is a help for the partners remaining in a difficult, conflicting and critical relation preventing from obtaining closer intimacy and greater satisfaction in being together. So, instead of proposing a married couple in the middle of a divorce a marriage therapy, the therapist should undertake a divorce mediation suggesting rather the new organisation of life than staying in a realm of feelings. But here there emerges a question: whether divorcing marriage which is still in the phase of combat (but which cannot yet be separated) only need divorce mediation or what they also need is a therapy including the realm of feelings? This therapy would be useful with abandoning the fight between a couple, regaining the confidence, allowing themselves to split piecefully and thus reaching the agreement on cases they are still forced to share. However, such treatments are not always possible in a situation of strong tension, fighting and blame-game, as demonstrated by the experience of therapists conducting family/marriage therapies mandated by court order [1]. Taking this under consideration, marital/couples therapies are proposed only to pairs who declare their desire to maintain the relationship.

The main objectives of marital/couples therapy can be defined as:

- a support of marriage/couple in identifying sources of conflict;
- a help to each partner in determining their own participation in the conflict;
- a help in realisation of the mutual expectations;
- a help in defining the rules of functioning of a relationship, fulfilling roles, defining the limits of internal boundaries (individual) and external boundaries (separating the relationship from the rest of the world);
- an improvement in mutual verbal communication (to avoid further misunderstandings) and nonverbal communication (to make it easier and more clearly to express feelings);
- an assistance in constructive conflict resolution;
- a help in deciding whether to continue the relationship or to part (note: the responsibility for this decision lies exclusively within the spouses/partners).

Couples who seek therapy because of difficulties with mutual coexistence, more often not only expect to improve relations and re-approximation but the confirmation that the fault lies with the other partner. Each partner is convinced that he did everything that was possible for the relationship to be good, and now is trying to shift responsibility for the problems on a spouse placing the therapist at his side in a position of an ally in the fight with a husband/wife. Eric-Emmanuel Schmitt [2] in his Little Marital Crimes writes that a relationship is as home to which the keys are in the hands of people. The

therapist cannot assess or advise whether the relationship should be continued or whether the partners should part. He/she can only help the spouses/partners to find the right 'set of keys' - if both are interested in finding them.

CONTRAINDICATIONS TO CONDUCT MARITAL/COUPLES THERAPY

There are several specific situations in which we cannot propose to take care of marriage/couples therapy even when we are convinced that the partners are really into it. Therapists dealing with problems of marriage/couple in crisis are in agreement that the therapy cannot be offered in following situations:

- physical violence between partners;
- mental illness or addiction problems of one (or both) partners;
- staying (of one or both partners) in other relationships and lack of motivation to give up one of them;
- undertaking (by one or both partners) the decision of a divorce (regardless of whether they reported it to the court or not) [3, 4, 5, 6].

If during the initial consultations the therapist succeeds in discovering and diagnosing any of above-mentioned problems, he/she can offer one or both of the partners turning to the right people/institutions (eg. psychiatrist, mediator, rehab counselling, crisis intervention centre, etc.) as a means of help in solving the problem. There are however some situations where the person applying for therapy for some reason do not tell the therapist about the most difficult problems, such as the wife may be afraid that if she reveals how her husband beats her, he will later on took revenge on her, or one of the partners does not wish to disclose that he/she remains in union with other person because of the fear of losing benefits, disintegration of the original relationship or accusations of contributing to the crisis. Therapist undertaking the work with marriage/ /couple in crisis should be alert and attentive, but not suspicious, and pay attention to different types of behaviour and specific words that may indicate the existence of a secret. What might be helpful in the diagnosis of the problem (crisis) and type of relationship is a variety of questionnaires and surveys typically used at the stage of initial contact with the married couple by therapists working in the cognitive approach. Not only each spouse completes the questionnaire separately, but it is also followed by reviewing the questionnaires by the therapist and conducting individual talks with both partners [7]. Under such conditions, surely it is easier to reach things that are, for various reasons, deeply hidden. But on the other hand, the question arises what to do if, for example, one of the spouses reveals that he/she has betrayed the partner at the same time asking the therapist to kept it as a secret. Of course, the therapist cannot disclose without permission any contents of the conversation but it will certainly be difficult for him/ her to lead further therapy (if at all possible) in a situation of inability to appeal to the relevant facts known only to him/her, that also hinder the achievement of positive emotional closeness of the couple.

To the above-mentioned absolute contraindications for marital/couples therapy one may add a condition found in the literature of the subject [5, 6] that if the disclosure of a deep, long-lasting psychological conflict with only one of the partners appears, the decision of continuation the common therapy should not be taken. Instead, the proposition of individual therapy should be introduced. Crane [3] recommends not to offer therapy or hinder it in a situation where partners want to talk about their individual problems, rather than focus on their relationship. However, it seems that one or several joint session after unveiling an individual problem, is reasonable and could be used to motivate people with unresolved psychological conflict to take individual psychotherapy, while considering together whether the other partner also needs counselling and, if so, what kind.

Here again, the therapist should act carefully and thoughtfully, so as to focusing on individual issues do not served spouses/partners as a continuation of fight over who is to blame for the current status quo of the crisis (a person with a revealed mental disturbance is more likely to be exposed to accusations of the 'healthier' partner, but it can also happen that the above-mentioned partner would be accused that his/her behaviour caused the state of the first one).

Freeman [5] believes that therapy should be suspended or terminated in a situation where after passing the initial phase (for example after the third session) it is at a standstill, meaning the partners continue to work on each other destructively, when they show no motivation to change the relationship, when they are not able to open in front of the therapist or they are too preoccupied to listen to each other, and continue efforts to destroy each other.

INDICATIONS FOR MARITAL/COUPLES THERAPY

After this long list of objections and contraindications to take up and lead marriage/couples therapy, there arises inevitable question: when and to which couples this kind of therapy can be offered? In the literature on marital therapy on the first place on the list of indications, the motivation of both partners is placed, so it is up to them to make efforts to achieve positive changes to their mutual relations [3, 5, 6, 7, 8, 9]. Therapists working with marriages in the behavioural approach examine partners' motivation to change their conduct by giving them tasks to accomplish in the time between sessions. Completion of these 'home assignments' would indicate a good motivation to improve mutual relations but, unfortunately, it happens sometimes that some people perform tasks in order to dismiss the allegations of their partner about the lack of commitment or a negative attitude, or to have an argument to continue fighting with him/her, which can be expressed, for example, in this way: 'You care for nothing! You are not involved! It is I who does everything to solve our problems and you just sit and wait for it!', etc.

Except good motivation and among other indications for therapy, the behavioural therapists of marital/couples problems place the following types of problems:

- overprotection of one partner coexisting with emotional dependence of the other;
- jealousy combined with control, suspicion and restriction of freedom;
- the dominance of a partner combined with the lowering of the value and self esteem of the other, passive partner;
- mutual antagonism, blaming and emotional interdependence [6].

Freeman [5] is an advocate of short-term marital therapy which combines the cognitive and behavioural techniques as well as marital therapy with crisis intervention. According to her assumptions, as an indication for treatment she accepts the visible signs of crisis in both spouses or one of them. These signs of crisis are: a sense of hopelessness, inadequacy, increased level of anxiety, frustration and inability to deal effectively with the situation. Like other therapists, she attaches a great importance to the motivation of both spouses, which is assessed on the basis of completing tasks and undertaking various actions designed to alleviate existing tensions.

Crane [3] believes that the therapy is possible in the following situations:

- when both partners are trying to improve relations between them by mastering communication and effective problem solving;
- when partners with negative experiences of failed relationships of their parents or their own previous relationships want to prevent problems or to solve those that already exist;
- when partners, fearing the disintegration of the relationship, want to prevent the accumulation of difficulties and to rebuild the bond;
- when partners want to make an attempt to reach an agreement before taking a final decision about the divorce or separation;
- when partners have already committed parting but wish to avoid tension or to find a solution to the problems existing in their relationship;
- when partners want to undertake therapy as a form of support with other problems solving, for example marital therapy is to be a part of family therapy, conducted because of a problem of a child, who is about to appear.

THE INITIAL PHASE OF WORKING WITH MARRIAGE/COUPLE IN CRISIS: CONSULTATION

In the first contact with a pair in crisis, when there is general confusion and tension, proceeding according to the indications and contraindications to therapy outlined above can help the therapist in making the diagnosis of the crisis and problems in relationships as well as in targeting, defining purpose, scope and method of

counselling. During this initial stage we have to decide whether and what form of assistance we can offer: marital therapy, crisis intervention, negotiation, divorce negotiations or perhaps individual psychotherapy. It may happen that during the first session, usually lasting one to one and half hour, we are not able to obtain certainty as to what form of help is the best solution at this point. Therefore, it seems to me that each pair applying for a therapy because of dysfunctional relations, a sense of dissatisfaction and failure of a relationship, should be able to hold two or three consultations aimed at the most detailed defining of all the problems, among which there are individual, familial and general life's problems, that may have a significant impact on their functioning in the relationship. I mentioned earlier that very serious, deeply rooted, long-term problems, evaluated as something to be ashamed of, are often not disclosed in the first contact with the therapist. Their existence may be signalled to us just a small gesture, a word thrown casually or passionately ensuring that beyond the fact that sometimes there are quarrels, they are still very good, loving marriage/ couple. Partners seeking for help must be provided with all the time needed to dare to depart from the rules of the game they play. Disclosure of things which have not yet been talked about out loud may be a prelude to conduct a real, radical change in their mutual relations. A detailed list of problems, including those that were hidden deeply inside so far, can be the first step in establishing the hierarchy of the problems and in selecting of such forms of assistance that will best fit to the most important problem. Consultation meetings would, therefore, help spouses/ /partners in making the diagnosis of problems and assessing their willingness and capabilities to participate in marital therapy (that includes also a decision concerning the relationship – whether to be together or part ways).

The initial consultation is also an appropriate time for us to address the motivation for therapy, which means the motivation to change. That involves a confrontation with hidden emotions, problems, tendency to deconstruct of what is well known, safe and stable (the old marriage game) and restructuring relationship based on openness, mutual respect and trust. On the ground of marital therapy I have not yet met a couple who already at the first meeting would represent a sufficient motivation to undertake this therapy. But the most frequent were the cases when I met with pairs within which one person forced the other to come to the meeting, and the reason of doing that was to bring charges of destroying their relationship; the cases when pair who fought with each other using sophisticated methods and who needed a witness, an ally, defender or supporter; when couples who try to live in accordance to their own familial myths and beliefs, declaring that they want to save their marriage for the sake of children, fear of public opinion or fear of whether or not they could cope without a partner - the marriage which in fact is dead for many years. Similar examples can be multiplied and they lead to one conclusion: the vast majority of marriages / couples seeking therapy has an insufficient motivation to undertake it (hence, perhaps so many drop-outs of marital therapy). Therefore, during the initial consultation there should be found a place to work on motivating partners to engage in therapy if only they want to maintain the relationship and improving relations, the atmosphere, achieving intimacy and sense of security.

Another issue that needs to be addressed during the initial consultations is responsibility. The therapist is responsible for conducting accurate diagnosis of the problem and motivates the spouses/partners for mutual involvement in the solution. On the side of the spouses/partners lies the responsibility for the continuation or termination of the relationship; for taking steps to solve the problem (each has contributed to the emergence of the problem so each of them should do something to solve it); for deciding whether to use therapy or self-dealing with the problem. The therapist can only indicate consequences of different conduct but decisions on the actions they would take lie in the spouses/ /partners. If only they are determined to maintain their relationship the therapist during the initial consultation may motivate them to cooperate and encourage the cessation of fighting, noting the good intentions of the spouse/partner to ease the tension, showing them the strength of their relationship and positive sides of their being together. He/she should inform patients what to expect during treatment so they could

consciously decide to cooperate. The therapist may say that during the therapy there might be a necessity one more time to deeply confront the emerging tensions, conflicts and problems, including finding their sources so as to better understand oneself and the partner. Because such analysis can give rise to tensions and further temporarily deepen the gap between partners, the therapist should warn that the beginnings of therapy can be difficult and that the positive changes take a lot of time. The therapist should also provide an overview of the therapy and together with spouses/partners define its goals and its role. After the consultation conducted in this way, taking into account the obstacles, constraints and favourable circumstances for launching the therapy, it is far easier and simpler to decide what further action treatment should be chosen: to pick up sessions of marital/couples therapy or to consider other forms of help. Fig. 1 shows a diagram of the therapist's actions in the initial stage of contact with the marriage/couple in crisis.

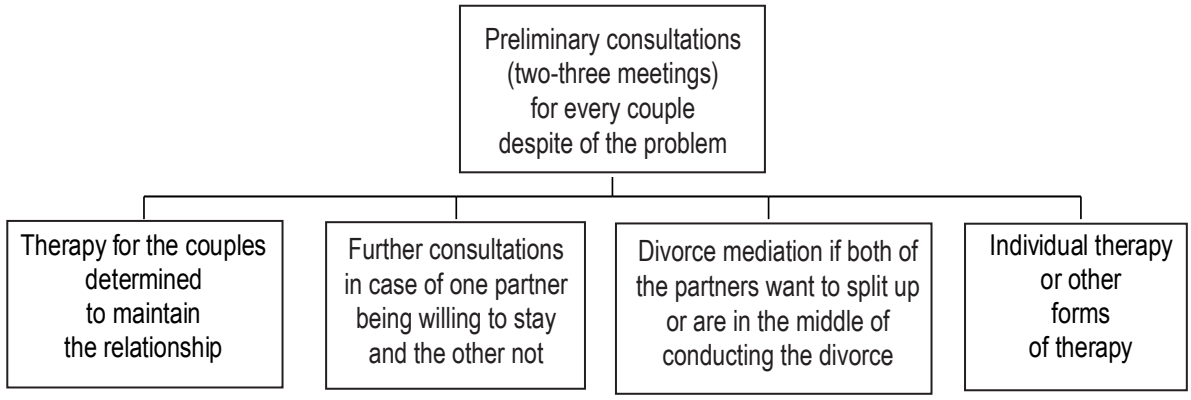

Figure 1. Therapeutic proposals for marriage/couples in crisis

Meeting for the first time with a marriage/couple, the therapist should conduct a consultation informing spouses/partners about his/her actions and intentions (e.g. gaining knowledge of the problem they face, identifying the difficulties, learning the history of their relationship and the history of the conflict/crisis, the common determination of the meetings aim, defining his/her own capabilities to help in a given situation). Consultation usually involves two or initial meetings, which take place every week or every two weeks at least. At the end of the second or third consultation meeting the decision for further actions should be reached (the one reached jointly by the therapist and both partners). To marriages/couples who clearly depend on maintaining and improving relationship, a marital/couples therapy can be offered. Further consultation for both partners or individually for each of them can be offered in a situation where one person wants to move away from the partner and the other wants to save the relationship and they are not able to talk about other problems. If both spouses/partners are intent on parting, the therapist should offer divorce mediation (negotiation) and if the couple change their mind in the course of mediation, marital/couples therapy can be introduced. If there is a problem of addiction, mental illness, violence or deeply settled psychological conflict, we offer other forms of psychotherapy (e.g. individual), or psychological or medical help (drug therapy, crisis intervention, support group for victims of abuse, pharmacotherapy, etc.). The more focused structure of the consultation meetings, the more precise and unambiguous definition of the expectations of spouses/partners to each other and to the treatment, the easier it is to achieve commonly set goals (thus – realisation of the therapeutic contract).

FEATURES OF A MARITAL THERAPIST

Writing about the indications and contraindications to therapy aimed at marriages/couples, there cannot be ignored to mention about conditions to be met by a therapist who undertakes to carry out such treatment. This is not about making a precise description of the qualities and skills one should possess to be at all a psychother-

apist. I would rather like to focus on specific characteristics, behaviours, attitudes and skills that foster or impede the conduct of marital/couples therapy. It seems to me that the marital therapist should possess such features as curiosity about the various histories of different relations, curiosity of the events of family life and the individual life; tolerance; openness and flexibility, including the use of different approaches, the readiness to combine different techniques and methods, and also willingness to put the therapy under frequent supervisions; high resistance to frustration; the ability of equal distribution of attention and interest among both partners combined with neutrality; the ability to maintain distance from the stereotypes concerning the role of man and woman in a relationship. In opposition, the primary contraindication to conduct marital/couples therapy is a current marital crisis of the therapist. I am convinced that in this difficult situation the therapist is unable to maintain an appropriate distance from his/her personal experiences and therefore there is a great danger of blurring the boundaries between his/her own emotions and emotions of the warring spouses/partners. Hence, the possibility of appearance of counter-transferential reaction. I think the therapist during the crisis of his/her own relationship or during the divorce should not undertake any work on the marriage/couple in crisis. In addition, the feature that can really hinder the marital/couples therapy is the willingness to save marriages before breakup. It occurs most often in people who were themselves involved in their parents' marital problems or are currently experiencing difficulties in their relationships and the fear of its collapse. From time to time, the therapist should ask him/herself: 'Do I care that they were still together? And if so, why? ' This examination of his/her own involvement in the fate of a given relationship will help to release oneself from the responsibility for the decision about the relationship as well as it will help to restore a healthy, conducive distance and neutrality that is needed to provide help to a given couple.

Another contraindications to conduct marital/couples therapy are: the desire to be an expert and advise partners on how to arrange their life together, prejudice or excessive loyalty to the people of the same gender as the therapist and succumbing to stereotypes. One of those stereotypes about the therapist is a common belief that such a difficult therapy should be conducted by a person of mature age, with long lasting practice and positive experience in marriage/partnership. Probably to such a therapist it would be easier to meet the challenge of working with strongly conflicted spouses/partners. However, it seems to me that younger therapists or the ones who live alone or who are divorced can successfully lead marital/couples therapy as long as they adhere to the rules governing its conduct and the relationship between therapist and spouses/partners.

FINAL CONCLUSIONS

It seems to me that the precise defining of indications and contraindications to marital/couples can clearly benefit in increasing the efficiency of this form of therapy. The more accurate diagnosis of marital conflict and its sources we put in during the preliminary consultations the more accurate the selection of the most appropriate form of assistance to a particular marriage / couple. If this feature will be combined with sufficient motivation on behalf of partners, on which motivation we can work during the initial consultations, there are good chances for increasing a positive effect of the therapy. Whilst deciding to conduct marital therapy/couples therapy, we cannot count on quick and easy success. Therefore, to be able to achieve even small positive changes in the relationship, we should determine with our patients their ability to meet the expectations of the partner and their own motivation to change as well as define fears and concerns about the current situation and future needs of each of the partners; share goals; adjust the pace of therapeutic work to the capabilities of both partners; share responsibility in such a way that the future of the relationship (staying together or parting) lies within both partners, and the therapist is responsible only for the course of therapy, implementing of commonly chosen direction and achieving defined goals.

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